

July 16, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743

Received & Inspected
JUL 18 2013
FCC Mail Room

RE: Request for Waiver and Review of Decision

CC Docket No. 02-6

Contact:

Janice Meyers
Letter of Agency for Leake and Watts Services, Inc.
Janice Meyers Educational Consulting, LLC
1121 Park West Blvd. Suite B204
Mount Pleasant, SC 29466
Phone 914-715-2466
janice@jhmedu.com

BEN: 11118

Form 471 # 737864

FRN 2015838, 2015828

Request for Waiver

I am requesting a waiver of the Implementation Deadline Extension of 9/30/2012.

Argument

In 2006 and 2007, in the *Bishop Perry Order* and the *Academy for Academic Excellence Order*, the Commission and the Bureau, respectively, granted waivers to applicants who missed the FCC Form 471 filing window deadline due to technical malfunctions, school reorganizations, a misunderstanding related to the filing deadline, personal staff emergencies, inadvertent errors, or circumstances beyond their control, including inclement weather.

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In addition, FCC Report and Order (FCC 01-195) released on June 29, 2001, the Administrator may grant an extension of time for the implementation of non-recurring services if the implementation is delayed for circumstances beyond the named service provider's control.

We have such a need for Leake and Watts Services, Inc.

Leake and Watts Services, Inc is a residential treatment center and day school serving emotionally disturbed students and students with developmental disabilities. The school operates on a 12 month schedule with a two week break in August, one week in December, February, and the spring.

471# 737864 was filed on February 5, 2010 and funded on June 14, 2011. A service substitution was submitted on June 26, 2011. It was approved by an administrator's decision letter dated July, 18, 2011. The school and the vendor agreed to a scope and sequence of work, and began to cable the schools. The cabling project can only be done when school is not in session due to the need for technicians in the hallways and classrooms, large rolls of copper cable and ladders needed for the wireless access cabling. In September 2012, I filed a form 500 (see attached document) to extend the CED from 09/30/2012 to 09/30/2013. At that time I thought I had filed a service delivery extension. I had filed a Form 500 for FRNs 204204, 2042421, and 2042434 along with separate service delivery extension request and thought I filed the SDE for FRN's 2015838 and 2015828.

Unfortunately, in September I had an accident and injured my tailbone and was put on prescription strength Naproxen and Tramadol for pain. I followed up with my orthopedist on September 20, 2012. He diagnosed a possible fracture of the tailbone and prescribed Oxycodone acetaminophen. See the attached documentation verifying the injury and doctor's treatment. I struggled to complete my work under this medication

The work on FRNs 2015838 and 2015828 was finally finished on February 5, 2013. The vendor invoice (see attached report) was submitted on 02/26/2013 but

was rejected because it was "later than FCC extension table Date of 01/28/2013".

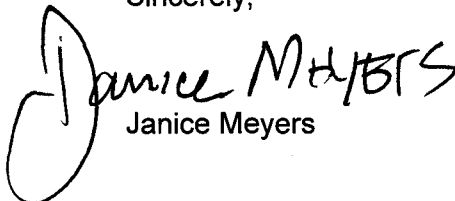
I did check to see if the service delivery extensions had been granted and made an error in interrupting the FRN table which is cumbersome, does not have a search feature, and not incorporated into the DRT.

On March 20, 2013 I filed an appeal with USAC to appeal the denial of an Administrator's Decision on Implementation Extension Request which was "Denied in Full" because "Request received after the FCC deadline for Implementation Extension requests which was on 9/30/2012." The date of the USAC denial letter was May 24, 2013.

The service provider made every attempt to deliver the services but had no control over the length and duration of the school year. Scheduling the work after school hours and on week-ends would increase the costs and not be cost effective. The denial of payment for FRNs 2015838 and 2015828 will place an undue hardship on Leake and Watts Services, Inc. There has been no fraud or abuse in this case only an error in missing a deadline for filing a service delivery extension.

I ask that you waive the filing deadline of 9/30/2012 due to circumstances beyond my control.

Sincerely,


Janice Meyers

FORM 500 NOTIFICATION LETTER REPORT
(Funding Year 2010)

Service Provider Name: MTM Technologies, Inc.
Service Provider Identification Number (SPIN): 143004485

Funding Request Number (FRN): 2015828
Form 471 Application Number: 737864
Name of 471 Applicant: LEAKE & WATTS SERVICES, INC.
Entity Number: 12164401
Name of Form 500 Contact Person: JANICE MEYERS
Form 500 Contact Person Information: PO BOX 534, DOBBS FERRY, NY 10522-0000, 614-715-2466,
914-963-7048, JANICE@JHMEDU.COM
Funding Year 2010: 07/01/2010 - 06/30/2011
Billing Account Number: N/A
Contract Expiration Date Change: 09/30/2012; 09/30/2013

Funding Request Number (FRN): 2015838
Form 471 Application Number: 737864
Name of 471 Applicant: LEAKE & WATTS SERVICES, INC.
Entity Number: 12164424
Name of Form 500 Contact Person: JANICE MEYERS
Form 500 Contact Person Information: PO BOX 534, DOBBS FERRY, NY 10522-0000, 614-715-2466,
914-963-7048, JANICE@JHMEDU.COM
Funding Year 2010: 07/01/2010 - 06/30/2011
Billing Account Number: N/A
Contract Expiration Date Change: 09/30/2012; 09/30/2013

Funding Request Number (FRN): 1995771
Form 471 Application Number: 738719
Name of 471 Applicant: JUMOKE ACADEMY CHARTER SCHOOL
Entity Number: 16042511
Name of Form 500 Contact Person: JANICE MEYERS
Form 500 Contact Person Information: PO BOX 534, DOBBS FERRY, NY 10522, 914-715-2566,
860-527-7758, JANICE@JHMEDU.COM
Funding Year 2010: 07/01/2010 - 06/30/2011
Billing Account Number: N/A
Contract Expiration Date Change: 09/30/2012; 09/30/2013

FRN TABLE
1995746 - EXT. TABLE
1995754 - 9/30/13
1995771 - 9/30/13
9/30/12
9/30/12
9/30/13

Still
Chpdr
Review

Anthony
22- 433612

Claim Detail

[Back to Claim Summary](#)

Patent:	JANICE MEYERS	Date Paid:	10/15/2012
Claim Number:	2270546323	Status:	Processed
Claim Type:	In-Network	Date Check Cashed:	10/22/2012
Date Received:	09/26/2012	Paid To:	NASON MEDICAL CENTER LLC * 200930329
Physician or Facility ID#:	BARRON NASON /P3551707		
Diagnosis Code:	724.5 UNSPECIFIED BACKACHE		

[Download Explanation of Benefits \(EOB\)](#)[Claim Detail Terms & Definitions](#)Services and Charges

Code Description Date of Service	Billed Amount	Max Amount	Adjustment Code	Deductible Amount	Copayment / Coinsurance Amount	COB Amount	Patient Responsibility	Payment Amount
99213 OFFICE/OUTPATIENT VISIT EST 09/17/2012	\$98.00	\$52.35	A90A	\$0.00	Copay: \$52.35 Coins: \$0.00	\$0.00	Not available	\$0.00
72220 X-RAY EXAM OF TAILBONE 09/17/2012	\$79.00	\$17.24	A90A	\$0.00	Copay: \$0.00 Coins: \$8.62	\$0.00	Not available	\$8.62
Totals	\$177.00	\$69.59		\$0.00	Copay: \$52.35 Coins: \$8.62	\$0.00		\$8.62

Claim Notes:

Approved Code: A90A
 A90A PAID PER UNITED/CTN

This is not a guarantee of payment. Payment for covered services is limited to those authorized by the PCP or our Medical Management Department, those covered by the patient's benefit plan and is dependent upon the patient's eligibility at the time of service. There may be information pertaining to this claim, not included in this summary, which will be on the Explanation of Benefits.

Claim Detail[Back to Claim Summary](#)

Patient: **JANICE MEYERS**
 Claim Number: 2268503752
 Claim Type: In-Network
 Date Received: 09/24/2012
 Physician or Facility ID#: JAMES AYMOND / P4189930
 Date Paid: 10/12/2012
 Status: Processed
 Date Check Cashed: 10/18/2012
 Paid To: ROPER SAINT FRANCIS PHYS NETWORK * 262946628
 Diagnosis Code: 724.79 OTHER DISORDER OF COCCYX

Download [Explanation of Benefits \(EOB\)](#)[Claim Detail Terms & Definitions](#)Services and Charges:

Code Description Date of Service	Billed Amount	Max Amount	Adjustment Code	Deductible Amount	Copayment / Coinsurance Amount	COB Amount	Patient Responsibility	Payment Amount
99202 OFFICE/OUTPATIENT VISIT NEW 09/20/2012	\$138.00	\$128.94	A90A	\$0.00	Copay: \$75.00 Coins: \$0.00	\$0.00	Not available	\$53.94
Totals	\$138.00	\$128.94		\$0.00	Copay: \$75.00 Coins: \$0.00	\$0.00		\$53.94

Claim Notes:

Adjustment Code	Description
A90A	PAID PER UNITED/CTN

This is not a guarantee of payment. Payment for covered services is limited to those authorized by the PCP or our Medical Management Department, those covered by the patient's benefit plan and is dependent upon the patient's eligibility at the time of service. There may be information pertaining to this claim, not included in this summary, which will be on the Explanation of Benefits.

PATIENT PRESCRIPTION RECORD

Date: 01/16/2013 Time: 2:33:44 PM

5

PHARMACY NAME: 07159 # 07159
 ADDRESS: 2834 HWY 17 NORTH
 CITY, ST, ZIP: MOUNT PLEASANT, SC, 29466
 PATIENT KEY: 3487739619
 PATIENT NAME: MEYERS, JANICE
 ADDRESS: 1462 ENDICOTT WAY
 CITY, ST, ZIP: MOUNT PLEASANT, SC, 29466

TELEPHONE: (814) 715-2466
 BIRTHDATE: 03/23/1952
 GENDER: F
 RELATIONSHIP: Card Holder

CURRENT ALLERGIES ON RECORD:

CURRENT CONDITIONS ON

STORE NO	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	RPH INT	QUANT DISP	TOTAL PRICE	TP # 1 PD AMT	TP # 2 PD AMT	TP # 3 PD AMT	TP # 4 PD AMT	PATIENT PD AMT
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		SPALCOL	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		3K3RNEW	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		OFERNKD	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		9DNNC1L	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		33MPDIT	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		ER3NDC3	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		UPTDAE1	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		0X7EE9L	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		MATQCME	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						15.00
	TP1 AUTH #:		0TLALT	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
07159	0607281000		00093053701	NAPROXEN SODIUM 550 MG TAB	NASON, BARRON	09/17/2012	E.Kadi	20.00	11.99	0.00				11.99
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						
	TP1 AUTH #:		2PRELP9	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
07159	0595140000		00406051201	OXYCODONE-ACETAMINOPHEN 5-325	KELLY, PATRICK	07/20/2012	S.Clar	20.00	11.99	0.00				11.99
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						
	TP1 AUTH #:		0H9F9QT	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						
07159	0607282000		00093005805	TRAMADOL HCL 50 MG TABLET	NASON, BARRON	09/17/2012	E.Kadi	30.00	15.00	0.00				15.00
	1ST PYR #:		4000	2ND PYR #:		3RD PYR #:		4TH PYR #:						
	TP1 AUTH #:		0AWHX73	TP2 AUTH #:		TP3 AUTH #:		TP4 AUTH #:						

143004485|MTM Technologies,
Inc.|ldichiara@mtm.com|usacstatement@universalservice.org|C000549873|2|0.
00|2/28/2013|N
143004485|2015838|LW-13-SER|0.00|"SLD Invoice Number:1802111;Line Item
Detail Number:6014641;Amount Requested:11700.00;Invoice Received Date
[02/26/2013] Later Than FCC Extension Date [01/28/2013];80;Bill Date
[02/01/2013] > [09/30/2012] Billed Extension Date; one time
cost;81;Billed Date Outside of Funding Year;285;"
143004485|2015828|LW-13-SER|0.00|"SLD Invoice Number:1802111;Line Item
Detail Number:6014642;Amount Requested:31782.60;Invoice Received Date
[02/26/2013] Later Than FCC Extension Date [01/28/2013];80;Bill Date
[02/01/2013] > [09/30/2012] Billed Extension Date; one time
cost;81;Billed Date Outside of Funding Year;285;"



Universal Service Administrative Company

Schools and Libraries Division

ADMINISTRATOR'S DECISION ON SERVICE SUBSTITUTION REQUEST

July 18, 2011

Janice Meyers
P.O. Box 534
Dobbs Ferry, NY 10522

Form 471 Application Number: 737864 – Leake & Watts Services, Inc.

Dear Applicant:

This letter is your notification that the FCC Form 471, *Services Ordered and Certification Form* you submitted for **Minor Modifications** was received and approved. You are now authorized to make the changes identified in your submission.

This letter does NOT authorize any increase in funding of any Funding Request Numbers (FRNs) contained in your submission. If the changes represent a cost decrease from the original commitment amount for the Funding Request Numbers (FRNs) listed below, the Schools and Libraries Division (SLD) automatically adjusts the funding commitment for the affected FRNs. If applicable, the amount of the reduction and the revised funding commitment will be shown below for the affected FRNs.

Do NOT file FCC Form 500 to reflect any funding reduction from this service substitution request, as the funding reduction has already been taken.

Please keep this letter for your records. This is the only notification you will receive indicating the processing of the above-submitted form, and of a reduced funding commitment if a cost decrease is included.

The Funding Request Numbers (FRNs) listed below are the only changes to products or services authorized for this Minor Modification filing.

FRN: 2015838

Reduction: no change

Revised Commitment: no change

If you have any questions regarding the above information, please write to us at "Schools and Libraries Division - Correspondence Unit, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685"

TO APPEAL THIS DECISION